

No one plans on getting injured . . . but just in case, we've got **you** covered.

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too. That's where Accident Champion can help. Accident Champion **pays cash benefits directly to you** or anyone you choose regardless of any other coverage you have.

Sports Package

Your benefits **increase 25%**, up to \$1,000 per person per year, for injuries resulting from participating in organized sports! Playing sports can lead to injuries and unwelcome expenses. We'll increase your benefits to help pay those expenses.

Rehabilitation Package

We pay cash benefits for Admission, Daily Confinement and Recovery! Whether you are released to a Rehabilitation

Center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition.



Combined Insurance Company of America Chicago, Illinois

This is a supplement to health insurance and is not a substitute for Major Medical, or other minimal essential, coverage.

This document is a brief description of Form No. 14185 series. Refer to your policy for specific details on benefits, exclusions and limitations.

Applicable in AL, AZ, DE, HI, IN, IA, KS, KY, LA, ME, MS, NM, WI, and WV.

Features

Guaranteed Issue No medical history is required for coverage to be issued.

Guaranteed Renewable Your coverage cannot be cancelled as long as your premiums are paid as due.

Fully Portable You can keep your coverage even if you change jobs or retire.

HSA Compatible

Initial Eligibility

Insured Actively employed working at least 17.5 hours per week and ages 18-70

Exclusions & Limitations

This is Accident-Only Insurance.

No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a covered person's: being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction in which the accident occurred); participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place); committing or attempting to commit suicide or intentionally injuring himself or herself; having dental treatment, except for such care or treatment due to injury to sound natural teeth within twelve (12) months of the Covered Accident; war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.





ACCIDENT | CHAMPION

Schedule of Benefits 24-hour coverage



Initial Care

| Ambulance (Ground/Air) | \$200/\$2,000 |
|----------------------------------------|---------------|
| Emergency Room | \$200 |
| Initial Doctor's Office Visit | \$50 |
| Urgent Care | \$150 |
| Emergency Dental (Crown/Extraction) | \$300/\$75 |

Hospital and Rehabilitation

| Hospital Admission | \$1,500 |
|------------------------------------------------------|---------|
| ICU Admission | \$3,000 |
| Rehabilitation Admission | \$1,500 |
| Hospital Confinement Per day, up to 365 days | \$250 |
| ICU Confinement Per day, up to 30 days | \$500 |
| Rehabilitation Confinement Per day, up to 30 days | \$150 |
| Recovery Per day, up to seven days | \$100 |

Follow-up Care & Treatment

| Abdominal or Thoracic Surgery | \$1,500 |
|----------------------------------------|---------|
| Appliances | \$100 |
| Blood, Plasma, Platelets | \$300 |
| Chiropractic Care | |
| Per visit, up to three visits | \$25 |
| Concussion | \$100 |
| Follow-up Treatment | |
| Per visit, up to three visits | \$25 |
| Lodging | |
| Per night, up to 30 nights | \$125 |
| Major Diagnostic Exam | |
| (CT, MRI, etc.) | \$150 |
| Organ Loss | \$2,500 |
| Outpatient Surgery Facility | \$25 |
| Physical Therapy | |
| Per visit, up to 10 visits | \$25 |
| Prosthetics | \$1,000 |
| Tendon, Ligament, Rotator Cuff Surgery | \$500 |
| Transportation | |
| Per trip up to three trips | \$500 |
| X-ray | \$30 |
| | |

Injuries

| Burns Level 1/2/3 | \$1,000/\$2,000/\$10,000 | |
|-----------------------------------------------------------------------------|------------------------------|--|
| Skin graft 25% c | 25% of the burn benefit | |
| Coma | \$10,000 | |
| Dislocations Ankle, Foot, Hip, Knee Finger, Toe All other | \$1,000 \$50 \$300 | |
| Eye | \$250 | |
| Fractures Skull, Hip, Thigh, Body of Verteb. Finger, Toe All other | rae \$1,000 \$50 \$300 | |
| Herniated Disc | \$500 | |
| Knee Cartilage – Torn | \$500 | |
| Lacerations | \$30-\$400 | |
| Loss of Hands, Feet or Sight | up to \$14,000 | |
| Loss of Fingers or Toes | up to \$1,500 | |

Additional Benefits

| Accidental Death | |
|---------------------------------------------------------------------------------------------------------------------------------|----------|
| Insured | \$25,000 |
| Spouse | \$25,000 |
| Child | \$5,000 |
| Family Care | |
| For each child in a child care | |
| center: Per day, up to 30 days | \$25 |
| Sports Package Benefits are 25% higher when accident is due to organized sports. Up to \$1,000 per person per year | |
| Wellness | |
| Per person, once per year; | |
| 90 day waiting period | \$50 |

Annual Premium Insured \$227.52 Insured & Spouse \$420.96 Insured & Child \$456.00

Family\$649.44